

ROOF INFORMATION WORKSHEET SINGLE PLY ROOFING

NOTE: Fill in below and left column for new roofs, noting any punch list items in the right column. As a ROOF SURVEY FORM use right "Condition of Roofing Column" to describe condition, expected life, maintenance required, etc., indicate location and size of areas or items requiring action. Photographs and marked sketches or diagrammatic plans are suggested. Use this information worksheet in conjunction with Sample Form A, "History Of Roofing Installation".

BUILDING NAME AND ADDRESS: _____

ROOF LOCATION (s) _____
 (Example: Main Roof; Penthouse Roof; Main North Roof; etc.)

ROOF AREA _____ **Sq. Ft.** **U-FACTOR** _____

ACTIVITY BELOW ROOF: _____
 (Example: Offices, Warehouse, Classroom, Computer Room; etc.)

INTERNAL SENSITIVITY TO LEAKS: LOW _____ NORMAL _____ HIGH _____

<input type="checkbox"/> ASBESTOS TESTING OF:	IF YES GIVE DATE & RESULTS	IF NO IS TESTING NEEDED	NA
MEMBRANE YES _____ NO _____	_____	_____	_____
FLASHINGS YES _____ NO _____	_____	_____	_____
INTERIOR FIREPROOFING YES _____ NO _____	_____	_____	_____
INTERIOR CONST. (CLGS) YES _____ NO _____	_____	_____	_____
OTHER _____ YES _____ NO _____	_____	_____	_____

☐ **MOISTURE SURVEY:** YES _____ NO _____ DATE _____

RESULTS _____
 (Example Moisture Found, No Moisture Found)

NUMBER OF ANOMALIES _____ **AVERAGE SIZE** _____ **SF**

TOTAL SF OF MOISTURE CONTAMINATION _____

☐ **REROOFING:** YES _____ NO _____ If YES continue below. If NO continue on next page.

Was the new membrane placed over an existing roofing system? Yes _____ No _____.

If YES what was the original roofing system: _____

Comments (if any) concerning the status of the original roof prior to overlay of new roofing: _____

(12/96)

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Comments About
Condition of
Roofing
Membrane

<u>Type of Membrane</u>	<u>Thickness</u>	<u>Ballast</u>	
<input type="checkbox"/> Liquid Applied Elastomer	_____	Yes _____ No _____	
<input type="checkbox"/> Sheet - Elastomer	_____	Yes _____ No _____	
<input type="checkbox"/> Modified Bitumen	_____	Yes _____ No _____	
<input type="checkbox"/> EPDM	_____	Yes _____ No _____	
<input type="checkbox"/> CSPE	_____	Yes _____ No _____	
<input type="checkbox"/> PVC	_____	Yes _____ No _____	
<input type="checkbox"/> Other _____	_____	Yes _____ No _____	
<input type="checkbox"/> Polyurethane Foam	_____	Yes _____ No _____	
<input type="checkbox"/> Other _____	_____	Yes _____ No _____	
<input type="checkbox"/> Type of Ballast (If any)	_____		

<u>Flashings</u>	<u>Wall</u>	<u>Curb</u>	<u>Edge</u>	<u>Other Penetrations</u>	<u>Flashings</u>
<input type="checkbox"/> Height	_____	_____	_____	_____	
<input type="checkbox"/> Counterflashings	_____	_____	_____	_____	
<input type="checkbox"/> Coatings	_____	_____	_____	_____	
<input type="checkbox"/> Cants	_____	_____	_____	_____	
<input type="checkbox"/> Expansion Joints	_____	_____	_____	_____	
<input type="checkbox"/> Other _____	_____	_____	_____	_____	

<u>Type of Insulation</u>	<u>Number of Layers</u>	<u>Total Thickness</u>	<u>Insulation</u>
<input type="checkbox"/> Fiberboard	_____	_____	
<input type="checkbox"/> Fiberglass	_____	_____	
<input type="checkbox"/> Glass Fiber	_____	_____	
<input type="checkbox"/> Perlite	_____	_____	
<input type="checkbox"/> Polyisocyanurate	_____	_____	
<input type="checkbox"/> Polystyrene (expanded)	_____	_____	
<input type="checkbox"/> Polystyrene (extruded)	_____	_____	
<input type="checkbox"/> Composite _____	_____	_____	
<input type="checkbox"/> Other _____	_____	_____	
<input type="checkbox"/> None	_____	_____	

<u>Type of Vapor Barrier</u>	<u>Vapor Barrier</u>
<input type="checkbox"/> None	
<input type="checkbox"/> Coated Felt	
<input type="checkbox"/> Kraft Paper (foil backed)	
<input type="checkbox"/> PVC (Polyvinylchloride)	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Method of Attachment _____	

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Comments About
Condition of
Roofing
Type of Deck

Type of Deck

Thickness

- | | | |
|---|---|-----------------|
| <input type="checkbox"/> Wood Plank | <input type="checkbox"/> Wood Plank T&K | _____ |
| <input type="checkbox"/> Sheathing Boards | | _____ |
| <input type="checkbox"/> Plywood | | _____ |
| <input type="checkbox"/> Metal | | _____ |
| <input type="checkbox"/> Poured Concrete | <input type="checkbox"/> Precast Concrete | _____ |
| <input type="checkbox"/> Poured Gypsum | <input type="checkbox"/> Precast Gypsum | _____ |
| <input type="checkbox"/> Other _____ | | _____ |
| <input type="checkbox"/> Drainage Slope | | _____ inches/ft |
| <input type="checkbox"/> Thickness/Guage | | _____ |

Type of Roof Structure

Description

Roof Structure

- | | |
|--------------------------------------|-------|
| <input type="checkbox"/> Concrete | _____ |
| <input type="checkbox"/> Metal | _____ |
| <input type="checkbox"/> Wood | _____ |
| <input type="checkbox"/> Other _____ | _____ |

Drainage/Plumbing

Drainage/Plumb

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Ponding Water: | Yes _____ No _____ |
| <input type="checkbox"/> Roof Drains (Internal) | Material _____ Number _____ |
| <input type="checkbox"/> Gutters | Material _____ Length _____ |
| <input type="checkbox"/> Scuppers | Material _____ Number _____ |
| <input type="checkbox"/> Other _____ | _____ |

Roof Penetrations/Other

Material

Number

Penetrations

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Pitch Pockets | _____ | _____ |
| <input type="checkbox"/> Soil Stacks | _____ | _____ |
| <input type="checkbox"/> Equipment Supports | _____ | _____ |
| <input type="checkbox"/> Rooftop Equipment | _____ | _____ |
| <input type="checkbox"/> Skylights | _____ | _____ |
| <input type="checkbox"/> Smoke Hatches | _____ | _____ |
| <input type="checkbox"/> Roof Hatches | _____ | _____ |
| <input type="checkbox"/> Misc. Metal Components | _____ | _____ |
| <input type="checkbox"/> Walkway Treads | _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ | _____ |

Chemical Exposure

Chemical Exp

- | |
|--------------------------------|
| <input type="checkbox"/> _____ |
|--------------------------------|

(12/96)

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ROOF OBSERVATIONS

* FOR FINAL INSPECTIONS AND ROOF SURVEYS USE THIS AREA TO NOTE ROOF CONDITIONS.
INDICATE THE SIZE AND LOCATION ON THE ROOF FOR CONDITIONS INCLUDING:

1. Bare Spots
2. Exposed Felts
3. Surface / Coating Degradation
4. Alligatoring
5. Splitting
6. Blistering
7. Ridging
8. Fishmouthing
9. Loose/Open Laps
10. Punctures
11. Fasteners
12. Securment
13. Slippage

CONDITION NUMBER	DESCRIPTION
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(E.G.#8. 3" HIGH (FISHMOUTH) IN NW CORNER 3' FROM PARAPET)

[illegible]